

## RECEIVED CENTRAL FAX CENTER

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Lindor the Panapunit Sectioning act of 1995	U.S. Pater	PTC/SB/21 (08-03) Approved for use through 08/30/2003. OMB 0651-0031 and Trodemark Office; U.S. DEPARTMENT OF COMMERCE on of Information unless it displays a valid OMB control number.
VIAME VICE PROPERTY AND THE PROPERTY AND	Application Number	008,516,60
TRANSMITTAL	Filing Date	03/01/2002
FORM	First Named Inventor	Brett P. Monia
(to be used for all correspondence after initial fi	(ing) Art Unit	1635
	Examiner Name	
Total Number of Pages In This Submission	Attorney Docket Number	RTSP-0155
	ENCLOSURES (Check all tha	t apply)
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Stalement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addr Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks	Other Enclosure(s) (please Identify below):
	TURE OF APPLICANT, ATTORN	IEY, OR AGENT
Firm Coffeen J. McKiernan, Ph.I Individual name Signature Date	11, 2005	
CF	RTIFICATE OF TRANSMISSION	N/MAILING
I hereby certify that this correspondence is be sufficient postage as first class mail in an envithe date shown below.	elno facsimile transmitted to the USPTO o	or deposited with the United States Postal Service with atents, P.O. Box 1450, Alexandria, VA 22313-1450 on
Typed or printed name Pamela Grooms		
Signature Comula	ywom.	Date 41105

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SE/17 (12-04) Approved for use through 07/31/2006, OMB 0651-0032

Under the Penerwork Reduction Act of 1995, no garsons are remained to respond to a collection of informalion unless it claniaus a valid OMB control number  ### Complete if Known  ### Application Number   09/913,800    ### Application Number   09/913,800    ### Filing Date   03/01/2002    ### First Named Inventor   Brett P. Monta    ### Examiner Name    ### Art Unit   1635    ### Deposit Account Card   Money Order   None   Other (please identify):    ### Deposit Account Deposit Account Number: 50-0252   Deposit Account Name:    ### For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    ### Charge fee(s) Indicated below   Charge fee(s) Indicated below, except for the filing fee    #### Charge any additional fee(s) or underpayments of fee(s)    ###################################
FEE TRANSMITTAL  FOR FY 2005  Application Number 09/913,800  Filling Date 03/01/2002  First Named Inventor Brett P. Monta  Examiner Name  Art Unit 1635  Attorney Docket No. RTSP-0155  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order Nonte Other (please identify):  Deposit Account Deposit Account, Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) Indicated below  Charge fee(s) Indicated below Credit any overpayments  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  Credit any overpayments
FEE TRANSMITAL Filing Date 03/01/2002 First Named Inventor Brett P. Monta  Examiner Name  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 120.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order Nonte Other (please identify):  Deposit Account Deposit Account Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) Indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  Credit any overpayments
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Applicant claims small entity status. See 37 CFR 1.27  Art Unit 1635  TOTAL AMOUNT OF PAYMENT (\$) 120.00  Attorney Docket No. RTSP-0155  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below Credit any overpayments
TOTAL AMOUNT OF PAYMENT (\$) 120.00  Attorney Docket No. RTSP-0155  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-0252 Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-0252 Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number: 50-0252 Deposit Account Name:
Deposit Account Deposit Account Number: 50-0252  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) Indicated below  Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below
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Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17
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under 37 CFR 1.16 and 1.17
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Information and authorization on PTO-2038.
FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES
Small Entity Small Entity Small Entity
Application Type         Fee (\$)         Fee (\$)
Design   200   100   100   50   130   65
Reissue 300 150 500 250 600 300
Provisional 200 100 0 0 0 0
2. EXCESS CLAIM FEES Small Entity
Fee Description Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100
Multiple dependent claims 360 180
Total Claims Extra Claims Fee (5) Fee Paid (5) Multiple Dependent Claims
- 20 or HP = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3
3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x
4. OTHER FEE(S) Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)
Other: One Month Extension of Time 120.00
SUBMITTED BY
Signature Registration No. 48 570 Telephone 750 603 2722
Name (Print/Type) Colleen J. McKiernan, Ph.D.

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APR 1 1 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number:

09/913,800

Inventor:

Brett P. Monia

Filing Date:

03/01/2002

Art Unit:

1635

Attorney Docket Number:

RTSP-0155

Customer Number:

32,862

Confirmation Number:

4042

Certification of Facsimile Transmission

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I hereby certify that this paper is being facsimile transmitted to the Commissioner for Patents, the United States Patent and Trademark Office on April 11, 2005.

Daniel Of Name

Pamela Grooms

## Petition for Extension of Time

Sir:

Pursuant to §1.136(a), submitted is payment for an extension of time to May 3, 2005 in order to maintain copendency with continuation-in-part application BNDL-0022US.Pl filed on April 11, 2005.

Applicants respectfully authorize the Director to charge the extension fee of \$120.00 due under 37 CFR § 1.17(a)(2), charge any deficiency, or credit any overpayment to Deposit Account No. 50-0252.

By\_

Respectively Submitted

April 11,2005

Colleen J. McKiernan, Ph.D.

Registration No. 48,570 Isis Pharmaceuticals, Inc.

2292 Faraday Ave. Carlsbad, CA 92008